EXHIBIT A

From: Marianna Kessimian <drkessimian@hartselleandassociates.com>
Sent: Wednesday, January 31, 2018 12:39 PM
To: Chad St. John
Subject: Lisa Menninger
Attachments: LM completed Form .pdf; Menninger Release of information .pdf

This email originated outside PPD. Please use caution before clicking links.

Chad,

Per our conversation the forms are attached. If you could please just email me back a confirmation email that would be great.

Thanks again,

Marianna Kessimian

Request for Accommodation (to be completed by Health Care Provider)

Dear Health Care Provider:

The employee named above requested an accommodation under the ADAAA (Americans with Disabilities Act Amendment Act) or applicable state or local law, to enable the employee to perform the essential functions of his/her position and/or assess a benefit of employment. We ask that you complete the following assessment to help us substantiate that this employee has an impairment that qualifies as a disability under applicable law and whether he/she is capable of performing the essential functions of his/her job and/or assessing a benefit of employment with or without an accommodation.

Please provide a detailed evaluation and recommendation based on the attached employee's job profile.

Please confirm you have examined the employee and are familiar with the employee's medical history (Yes) No
Please confirm you have reviewed the job description or equivalent information for the employee. (Yes) No

1. Does the employee have a physical or mental impairment that substantially limits one or more major life activities; a record (or past history) of such an impairment; or being regarded as having a disability without the consideration of mitigating measures? Yes

2. If the answer to Question 1 was "Yes" please specify if the disability is

   A _____ a physical impairment

   B ___X___ a mental impairment

3. What is the impairment

Panic disorder with agoraphobia , Social Anxiety Disorder , Generalized Anxiety Disorder

4. Is the impairment permanent, long-term, or temporary? If it is not permanent, what is the expected duration of impairment? Impairment is long-term , with a chronic course.

5. What condition(s)/limitation(s) is/are interfering with the employee's ability to perform the essential functions of his/her job, based on the attached job profile and/or assessing a benefit of employment?

Lisa suffers from Panic Disorder with agoraphobia, Social Anxiety Disorder, and Generalized Anxiety Disorder. This disability significantly interferes with Lisa's ability to perform major life activities, such as thinking, concentrating, communicating and working. Lisa is most affected in social situations and when she is required to speak in front of others. Despite these limitations, Lisa reports that she has historically fulfilled the essential functions of her job without accommodation. However, she frequently suffers from anxiety and other somatic symptoms triggered by social interactions and public speaking incident to her job. Further, Lisa's supervisor recently identified potential changes to her role involving more public speaking and social interactions. This has caused Lisa to experience increased anxiety with somatic symptoms, including diarrhea, heart racing, sweatiness, and increased respiratory rate.

6. Based on the condition(s)/limitations listed in Question No. 5; which, if any, essential job functions is the employee having trouble performing or accessing, as described in the attached job profile?

Lisa's disability makes it extremely difficult for her to engage in public speaking and social interactions. While Lisa has been able to tolerate these types of activities to the extent that they have been necessary for

her job, they often cause her to suffer from anxiety and other somatic symptoms. Any changes to her role that increase the need for public speaking and/or social interactions will increase her anxiety and worsen her somatic symptoms, which would make it substantially more difficult, if not impossible, for Lisa to perform her job.

7. If the employee cannot perform the essential job functions of his/her job or access a benefit of employment, what accommodation(s) would you recommend which could allow the employee to better perform his/her job functions? Please specify.
Given Lisa's disability, I recommend that any social interaction or public speaking incident to her role be minimized to the extent possible. Additionally, I recommend that her role not be changed to require any increased public speaking or social interactions.

To the extent that social interactions and/or public speaking is deemed necessary for Lisa's job, I recommend that a plan be developed for these activities in consultation with me or another qualified health care provider.

8. How would your recommended accommodation(s) improve the employee's job performance?

Given Lisa's disability, I recommend that any social interaction or public speaking incident to her role be minimized to the extent possible. Additionally, I recommend that her role not be changed to require any increased public speaking or social interactions.

To the extent that social interactions and/or public speaking is deemed necessary for Lisa's job, I recommend that a plan be developed for these activities in consultation with me or another qualified health care provider

9. What restrictions, if any, do you place on the employee's ability to perform the functions of the employee's job, as described in the attached job profile?

Social interactions and public speaking should be minimized as much as possible. To the extent Lisa is required to engage in social interactions and/or public speaking, these activities should be planned in consultation with her medical provider in hopes of minimize Lisa's anxiety and somatic symptoms.

Health Care Provider Information:

Print Provider Name: Marianna Kessimian, MD	*Facility/Speciality: Psychiatry*
Address: 10 Elmgrove Avenue Providence, R 02906	*Phone: 401-267-8850* *Fax:888-975-3157*

GINA Notification to Health Care Providers: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you **not** provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

MD — *Signature of Health Care Provider*

1/31/18 — *Date*

PPD

Physician's Statement for Accommodation

Employee Information:

Name: Lisa A. Menninger		Dept: Lab, GCL
Job Title: ED, Lab	Job Code:	LAU:
Date Provided: 01/30/2018	Date Due Back: (Not to Exceed 15 Days) 01/30/2018	

Employer Information:

HR Generalist: Chad St. John	Phone: 859-815-6288
Fax To: ( )	Email: Chad.St.John@ppdi.com

Employee Authorization For Release Of Health Information

I, Lisa A. Menninger, hereby authorize the use or disclosure of my health information as described in this authorization.

Healthcare provider authorized to provide information: Dr. Marianna Kessimian

Employer authorized receive/use information: PPD Development, L.P. ("PPD")

Description of the information to be disclosed: Information about medical condition/s and physician recommendations

Purpose of the disclosure: Request from employer

Right to revoke: I understand that I have the right to revoke this authorization at any time by notifying PPD in writing at [list address where revocation must be delivered]. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.

I understand that after this information is disclosed, federal law might not protect it and the recipient might redisclose it.

I understand that I am entitled to receive a copy of this authorization.

I understand that this authorization will expire when my employment with PPD terminates.

Employee Signature Lisa A. Menninger Date 01/30/2018